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Bib Data Sheet

CONFIRMATION NO. 3128

SERIAL NUMBER 10/067,793	FILING DATE 02/08/2002 RULE	CLASS 370	GROUP ART UNIT 2666	ATTORNEY DOCKET NO. ESP-02001
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APPLICANTS

Koslar, Residence Not Provided;

SH NONE

** CONTINUING DATA *****

SH NONE

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 03/06/2002

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING 22	TOTAL CLAIMS 32	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance S. Horn				
Verified and Acknowledged Examiner's Signature Initials				

ADDRESS

Neil Steinberg
 2665 Marine Way, Suite 1150
 Mountain View, CA
 94043

TITLE

Signal transmission method with frequency and time spreading

FILING FEE RECEIVED 1086	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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